

1.) CORPORATION NAME:

SL Financial Services Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **12/30/2010**

SCC ID NO: **F1404245**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 RIVERSIDE AVENUE

CITY/ST/ZIP: WESTPORT, CT 06880-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KLAUS KNUTH	
TITLE:	CHF EXEC OFFICE	
ADDRESS:	251 RIVERSIDE AVE	
CITY/ST/ZIP/CO:	WESTPORT, CT 06880-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER MAHONEY	
TITLE:	SECRETARY	
ADDRESS:	251 RIVERSIDE AVENUE	
CITY/ST/ZIP/CO:	WESTPORT, CT 06880-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER MAHONEY	
TITLE:	SENIOR VICE PRE	
ADDRESS:	251 RIVERSIDE AVE	
CITY/ST/ZIP/CO:	WESTPORT, CT 06880-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN MCELROY	
TITLE:	TREASURER	
ADDRESS:	251 RIVERSIDE AVE	
CITY/ST/ZIP/CO:	WESTPORT, CT 06880-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN MCELROY	
TITLE:	VICE PRESIDENT	
ADDRESS:	251 RIVERSIDE AVE	
CITY/ST/ZIP/CO:	WESTPORT, CT 06880-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JURGEN HALLER DIRECTOR 251 RIVERSIDE AVE WESTPORT, CT 06880-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REINER HALLER DIRECTOR 251 RIVERSIDE AVE WESTPORT, CT 06880-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOLGER STUHLMANN DIRECTOR 251 RIVERSIDE AVENUE WESTPORT, CT 06880-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER WEIDENBACH DIRECTOR 251 RIVERSIDE AVE WESTPORT, CT 06880-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PETER MAHONEY	PETER MAHONEY, SECRETARY	11/11/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.